. FEC FORM 3X.

FE6AN026

MEPURT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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1.	COMMITTEE (in full)			OVE			L2FE4M5 2	DIG JUL 19	9 PM 3: 15
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2 fec identification number \forall C 00551382				CITYA		S	TATE	ZIP COI	DE A
			3 .	IS THIS REPORT			AMEND (A)	DED	
ą,	TYPE OF REPORT (b) (Choose One)	Repo	ort	eb 20 (M2)	: M	ay 20 (M5)	Aug 20 (1	vi8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Due	On:	Vlar 20 (M3)	Jı	ın 20 (M6)	Sep 20 (/19)	Dec 20 (M12) (Non-Election Year Only)
	And 15			Apr 20 (iVl4)	J. J.	ıl 20 (ivi7)	Oct 20 (N	A10)	Jan 31 (YE)
	Quarterly Report (Q1)		12-Day		Primary (12P)	:	General (12G)	Runoff (12R)
	Quarterly Report (Q2)			· · · · · · · · · · · · · · · · · · ·	Convention (1	2C)	Special (12S)		
Quarterly Report (Q3)				·	-0.00	87 T6 T 7 TT		in the	garanagi s ngag
	January 31 Year-End Report (YE)		Ele	ection on			- 1, e	State o	f j
	July 31 Mid-Year Report (Non-election Year Only) (MY)	(d)			General (30G))	Runoff (30R)	ÇT TÎ	Special (30S)
	Termination Report		Report for the	3 :	, n n /	ו ''פֿ פּ'	V . V . V . V	in the	-
	(141)		Ele	ection on			North Anna Carlo	State o	f .
5. Covering Period 01016 through 03016									
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.									
Type or Print Name of Treasurer May A. 6111									
Signature of Treasurer Mary a, Auc Date 07' 14' 0016									
NC	OTE: Submission of false, erroneous	or inc	omplete inform	nation may s	ubject the pers	on signing th	is Report to the p	enalties of 2	U.S.C. §437g.
n	Office Use		, See as with UTE?					FEC FOR Rev. 12/2	
	2. Sign	COMMITTEE (in full) COTTO COMMITTEE (in full) COTTO COMMITTEE (in full) COTTO COMMITTEE (in full) COTTO COMMITTEE (in full) Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER COCOSSON (ACC) 4. TYPE OF REPORT (In full) July 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) 5. Covering Period Contity that I have examined this Reference of Treasurer Note: Submission of false, erroneous Office	COMMITTEE (in full) VOTE C (MATE) ADDRESS (number and street) Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER C 00551382 4. TYPE OF REPORT (b) Monte Report (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) 5. Covering Period I certify that I have examined this Report at Type or Print Name of Treasurer NOTE: Submission of false, erroneous, or incomplete the content of the content	COMMITTEE (in full) VOTE C (IMATO U.S. P) ADDRESS (number and street) Check if different than previously reported. (ACC) 2 FEC IDENTIFICATION NUMBER C 0055 380 3. 4. TYPE OF REPORT (b) Monthly Report (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) 5. Covering Period C certify that I have examined this Report and to the best Type or Print Name of Treasurer MOTE: Submission of false, erroneous, or incomplete inform Office	ADDRESS (number and street) Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER V CITY A C 00551383 3. IS THIS REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (W) Termination Report (TER) Election on 1. Covering Period C 00551383 3. IS THIS REPORT (b) Monthly Feb 20 (M2) Report (c) 12-Day PRE-Election Report for the: (d) 30-Day POST-Election Report for the: Election on Type or Print Name of Treasurer MAY NOTE: Submission of false, erroneous, or incomplete information may stophics.	COMMITTEE (in full) OTT C ((MATT) U.S. PAC over the lines. ADDRESS (number and street) Check if different than previously reported. (ACC) PREPORT (N. REPORT (N.	COMMITTEE (in full) OTTE CILIMATE U.S. PAC ADDRESS (number and street) Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER V CITY S C 0 0 5 3 3 8 3. IS THIS NEW REPORT (N) OR 4. TYPE OF REPORT (b) Monthly Feb 20 (M2) May 20 (M5) Heport (Choose One) (a) Quarterly Report (Q1) Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-Chily (M1-Year Report (Non-election Year Only) (M7) Termination Report (TER) Termination Report (TER) Section on Report of the: Convention (12C) Covering Period O O O O O O O O O O O O O O O O O O O	1. NAME OF COMMITTEE (in full) VOTE CILIMATE U.S. PAC ADDRESS (number and street) Check if different than previously reported. (ACC) Check if different than previously reported. (ACC) 2. FEC EDENTIFICATION NUMBER V. CITY STATE ST	COMMITTEE (in full) Over the lines. Ov